



## INFORMED CONSENT FOR BOTOX AND DYSPORT

Botox, and Dysport are brand names for Botulinum toxin type A (BontA). FDA approved for cosmetic use.

I, \_\_\_\_\_ (print name) have the right to be informed about my skin condition, and treatment so that I may make an informed decision, whether or not to undergo the procedure after knowing the risks and hazards involved. BontA are products that have been on the market worldwide. They typically last 3 to 4 months. However, each patient responds differently to BontA. No guarantee can be made with regard to the result or the length of time it will last. \_\_\_\_\_ (Initial)

Prior to treatment, a physician reviewed my complete medical history, examined me, reviewed the procedure and the technique that he plans to use with me, and answered, to my best satisfaction, all questions I have regarding the treatment. \_\_\_\_\_ (Initial)

The following risks may occur as well as unforeseen risks that are not included on this list: infection in the injected area, allergic reactions (such as itching, rash, red itchy welts, asthma symptoms, or dizziness or feeling faint), heart problems (such as irregular heartbeat and heart attack), eye problems (such as dry eye, reduced blinking and corneal and double vision problems). Distant spread of BontA effects; (such as generalized muscle weakness, swallowing, breathing difficulties, aspiration pneumonia and urinary incontinence) and other distance side effects. Tell your healthcare provider or get medical emergency help right away if you experience a serious effect. \_\_\_\_\_ (Initial)

The cost of the procedure involves charges for the services provided. The total includes fees charged by **Desert Medical Rejuvenation, 35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270** the cost of supplies, and other related expenditures. Should complications develop from the procedure additional costs may occur and will be the patient's financial responsibility. Additional Procedures, Supplies, Antibiotics, etc., will also be the patient's responsibility. \_\_\_\_\_ (Initial)

All before and after care instructions have been explained and given to me. I understand my responsibility of properly following these instructions to minimize any risks of complications. \_\_\_\_\_ (Initial)

I consent to and authorize my provider at the healthcare facility located at **Desert Medical Rejuvenation, 35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270** to inject the above listed, to my body. \_\_\_\_\_ (Initial)

BontA injections will be performed on label (FDA approved) and off label in other areas if requested by patient. \_\_\_\_\_ (Initial)

The nature and effects of the procedure, the risks and complications, if any involved, and other alternative methods of treatments, have been fully explained to me, I understand them, and I assume all responsibilities. \_\_\_\_\_ (Initial)

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion and to ask questions. \_\_\_\_\_ (Initial)



ART QUINTANILLA, M.D.

I consent to and authorize my provider at the healthcare facility located at **Desert Medical Rejuvenation, 35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270**, to take all necessary photographs before and after my procedure. \_\_\_\_\_(Initial)

## ACKNOWLEDGEMENT

BontA clinical results and duration of treatment are variable; I acknowledge that no guarantee or assurance has been given by anyone as to the results of this treatment. \_\_\_\_\_(Initial)

I understand that this treatment is strictly for cosmetic purposes and will not be covered by insurance. I understand that I am responsible for all costs payable at the time of services. \_\_\_\_\_(Initial)

I understand that 24-hour notice is required to cancel or reschedule an appointment. I further understand and agree that any cancellations made within 24 hours and/or any no shows may result in cancellation fees and/or loss of treatment. I further agree that there are no refunds for missed appointments. \_\_\_\_\_(Initial)

I understand that all services that have been rendered are non-refundable and non-transferable. \_\_\_\_\_(Initial)

By my signature below, I certify that I have read and fully understand the contents of this permission form. I was given the opportunity to have **Desert Medical Rejuvenation** answer questions that I might have prior to signing this consent and thereby grant permission to perform BontA on me by my provider located at **Desert Medical Rejuvenation, 35900 Bob Hope Drive Suite 130 Rancho Mirage, CA 92270**. \_\_\_\_\_(Initial)

PatientName \_\_\_\_\_  
Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Translator Name \_\_\_\_\_  
Translator Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name: Art Quintanilla, MD  
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_